



# FEE TRANSMISSION

NOV 17 2006

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT**

## METHOD OF PAYMENT (Check all that apply)

Check  Credit Card  Money Order  None  Other (Please Identify): \_\_\_\_\_

Deposit Account - Deposit Account Number: 23-1123 Deposit Account Name: Westman, Champlin and Kelly

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s)  Credit any overpayments under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Small Entity</u>
<u>Fee (\$)</u>

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100
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Multiple dependent claims

<u>Small Entity</u>
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360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
20	- 20 or HP = 0	x 50	= 0

<u>Multiple Dependent Claims</u>
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<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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360 0

HP = highest number of total claims paid for, if greater than 20

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
0	- 100 = 0	/ 50 = 0 (round up to a whole number) x	<u>250</u>	= 0

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Utility Issue Fee (1501) and Publication for Normal Publication (1504)

1700

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	30,214	Telephone: 612-334-3222
Name (Print/Type)	Z. Peter Sawicki		Date:	<u>Nov. 13, 2006</u>



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor : John H. Lee et al.

Appln. No.: 09/392,243

Filed : September 9, 1999

For : PROCESSES FOR MAKING PROTEIN  
HYDROLYSATES FROM ANIMAL  
PEPTONE AND FOR PRESERVING  
MUCOSA

Docket No.: L111.12-0073

Batch No:

Allowed: September 21, 2006

Group Art Unit: 1651

Examiner:

S.E. Saucier

**CERTIFICATE OF MAILING**

**Mail Stop Issue Fee**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith is our Credit Card Payment Form (PTO-2038) in the amount of \$1,400.00 as payment of the Issue Fee in the above-identified application, along with the Issue Fee Transmittal.

In the event the attached Credit Card Payment Form (PTO-2038) is unacceptable, or the check is omitted, or if there are any additional fees associated with this application, please charge the required fee or credit any overpayment to Deposit Account No. 23-1123.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 13, 2006.

Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

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